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SUBJECT: USG HUMANITARIAN ASSISTANCE TEAM: FIELD VISIT #2 -WATER,
HEALTH, AND NUTRITION UPDATE

Summary

1. Between January 2 and 9, U.S. Government (USG) Humanitarian Assistance Team (HAT) in Ethiopia staff, traveled to Degehabur and Fik zones in Somali Region as part of a second field visit to assess the current humanitarian situation, including health, nutrition, and water and sanitation conditions. USG HAT found that shallow wells and traditional water harvesting points in areas visited in Degehabur and Fik zones continue to provide sufficient quantities of water for pastoralists and livestock. However, the poor performance of the 2007 gu and deyr rains in parts of Somali Region have failed to fully recharge traditional water points. USGHAT staff note that current reserves are likely to be depleted over the next two months, raising water availability concerns during the gap before the start of the next rains in April. USG HAT staff verified that several health posts in the area had recently reopened, but noted a lack of capacity to provide primary health care services to local populations. While USG HAT staff did not observe any indicators of widespread malnutrition in areas assessed in Fik and Degehabur zones, UNICEF reports chronically high levels of acute malnutrition in Somali Region that exceed U.N. World Health Organization (WHO) emergency thresholds. According to non-governmental organizations (NGOs) operating in Fik District, Fik Zone, current levels of severe

acute malnutrition are consistent with historical levels and the majority of cases are a result of pathological causes. End summary.

Background

¶2. Between January 2 and 9, USG HAT staff traveled to Degehabur and Fik zones of Somali Region as part of a second field visit to assess the current humanitarian situation, including health, nutrition, and water and sanitation conditions. USG HAT staff included the team leader, Food for Peace officer, safety and security officer, and a USAID/Ethiopia Assets and Livelihoods Transition representative. Accompanied by U.N. and NGO staff operating in Degehabur and Fik zones, USG HAT staff conducted numerous site visits, including interviews with local residents and military and government officials. Cyclical droughts, underdevelopment, and limited government capacity, exacerbated by an ongoing insurgency, have resulted in chronic population vulnerabilities in Somali Region.

Water and Hygiene

¶3. Access to water in pastoral areas of Degehabur and Fik zones is highly dependent on the quality and distribution of seasonal rains. The majority of pastoralists and their livestock rely on rivers or other natural water points during the wet seasons, and water harvesting structures, such as man-made ponds, concrete-lined reservoirs referred to as berkas, and shallow wells during the dry season. USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) recently awarded the International Rescue Committee and Save the Children/U.K. (SC/UK) USD 1.7 million for emergency water

activities in Degehabur and Fik Zones and USD 1 million to UNICEF for regional emergency mobile health, nutrition, water, sanitation, and hygiene teams.

¶4. USG HAT staff report that shallow wells continue to be productive in several areas visited. In addition, USG HAT staff note that the majority of water points visited are protected, including covered shallow wells and fenced reservoirs to prevent animals from contaminating water sources. Pastoralists currently draw water from hand-dug wells in dry river beds for animals. USG HAT staff did not observe evidence of cross contamination of water sources through the use of water points by both humans and livestock. Berkas are a common method of water harvesting in Fik and Degehabur zones. USG HAT staff note that berkas in several areas visited, continue to hold water, which residents estimate to be sufficient for the two months.

¶5. USG HAT staff collected information on water usage practices in areas visited. Pastoralists do not treat water for household use to improve quality. Residents interviewed in Hamero town, Hamero District, reported drawing an average of 40 liters per day for household use for an average family size of six people. USG HAT staff noted that water containers were plentiful and no storage issues were reported. Wait times to draw water from hand pumps did not appear excessive and lines of recipients during morning hours averaged six to eight people. USG HAT reported that most of the hand pumps visited in the region were installed through previous USAID programs and in all areas, except one, pumps were being serviced and repaired.

¶6. USG HAT staff spoke with several pastoralists who reported traveling extended distances with camels and donkeys to access water. In Gunagado town, Aware District, in Degehabur Zone, several pastoralists reported that some of the remote natural water points had dried up earlier than normal as a result of the poor performance of deyr rains. In three locations in Fik Zone, pastoralists reported that turbidity and salinity of water from ponds and berkas had increased in recent weeks. According to the November 24 to December 14 DPPA Deyr/Karan Needs Assessment an estimated 400,000 people in Somali region are projected to require water tankering to meet basic needs as the January to March jilal dry season continues. However, USG HAT staff did not observe evidence of water tankering in areas visited.

¶7. Hygiene issues were particularly acute in Kasangas village, Hamero District, in southern Fik Zone. Several children displayed obvious signs of skin disease, including conjunctivitis. In addition, USG HAT staff report an absence of sanitation facilities in the area. In general latrines were only found in trading centers and only a limited number of people interviewed in rural areas reported using soap. USG HAT staff reported that the primary cause of morbidity in areas assessed was diarrhea, which Medecines Sans Frontieres (MSF)/Switzerland attributed to poor water quality aggravated by the onset of the jilal dry season.

Health

¶8. Despite USG HAT confirmation of the recent reopening of several health posts in areas visited in Degehabur and Fik zones, USG HAT staff report that limited capacity and medical supplies continue to undermine the delivery of primary health care services. Health posts visited were commonly staffed by one health care provider, possessed few basic medicines, and offered no referral system. In all health facilities visited, USG HAT noted the absence of in-patient facilities and laboratory equipment to confirm communicable disease, as well as an absence of emergency response capacity to treat trauma or the capacity to treat malnutrition cases. USG HAT staff reported an absence of vaccines and immunization planning and observed inoperable cold chain equipment in two clinics. Health professionals interviewed commonly reported major causes of morbidity as diarrhea, upper respiratory infections, and malaria. Health staff did not report any epidemics in the areas visited to date.

¶9. In addition, USG HAT staff report that pervasive military presence is undermining local access to health care services in Degehabur and Fik zones. In Hamero town, the clinic was co-located next to the military barracks. According to the clinic nurse, people were intimidated from seeking health care assistance due to the military presence. USG HAT did not observe any residents seeking health assistance during the visit. However, the nurse reported limited outreach activities in surrounding areas to expand health coverage. The military's co-location and/or proximity to health clinics and schools was common in all areas visited. In Kasangas village, Hamero District, the clinic was locked and residents reported only sporadic visits from government health care providers.

Nutrition

¶10. Somali Region experiences chronically high levels of acute malnutrition, with global acute malnutrition (GAM) rates that consistently exceed the U.N. World Health Organization (WHO) emergency threshold of 15 percent by 5 percent or more. In recent years, the provision of emergency food assistance has become a key coping strategy for vulnerable populations to maintain nutritional levels, particularly during the jilal dry season.

¶11. The October SC/UK nutrition survey in Fik and Hamero districts, Fik Zone, reported GAM rates of 20.8 percent. MSF/Switzerland recently started operations in Fik zone in December 2007. According to MSF/Switzerland, severe acute malnutrition cases appear to follow historical trends for the area. MSF/Switzerland reports that the majority of cases treated have resulted from secondary causes, such as malaria or diarrhea. MSF cautioned that there is no capacity in Fik Zone to treat malnutrition and that caseloads could increase as the dry season progresses.

Conclusions

¶12. As of January 9, USG HAT staff report that water access, quality, and storage capacity in areas visited during the second

field assessment to Degehabur and Fik zones appear adequate for populations and livestock. However, due to the poor performance of

the gu and deyr rains in parts of Somali region and the onset of the dry season, water availability is expected to become an increasing concern in the coming months.

¶13. USG HAT staff report that health clinics have recently reopened in several areas assessed. To date, these health facilities have not reported any epidemics or morbidity above historical normal levels. However, local infrastructure capacity to provide vaccinations and health surveillance or respond to epidemics and cases of malnutrition is extremely low and cannot be counted upon should humanitarian conditions decline.

¶14. The combined effects of the jilal dry season and poorly distributed food assistance on food security, as well as the lack of local capacity to treat malnutrition, will continue to negatively impact local food security and nutrition levels in the region.

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